

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

| | AD FILED | | ADDITIONAL ACZHDZHT | | ADDITIONAL ACZHDZHT | | | AD FILED | | ADDITIONAL ACZHDZHT | | ADDITIONAL ACZHDZHT | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | CHD | DEP | CHD | DEP | CHD | DEP | | CHD | DEP | CHD | DEP | CHD | DEP |
| 1 | 1 | | | | | | 31 | | | | | | |
| 2 | | 1 | | | | | 32 | | | | | | |
| 3 | | 1 | | | | | 33 | | | | | | |
| 4 | | 3 | | | | | 34 | | | | | | |
| 5 | | 3 | | | | | 35 | | | | | | |
| 6 | | 3 | | | | | 36 | | | | | | |
| 7 | | 3 | | | | | 37 | | | | | | |
| 8 | | 3 | 10 | | | | 38 | | | | | | |
| 9 | 1 | 3 | | | | | 39 | | | | | | |
| 10 | | 1 | | | | | 40 | | | | | | |
| 11 | | 1 | | | | | 41 | | | | | | |
| 12 | | 3 | | | | | 42 | | | | | | |
| 13 | | 3 | | | | | 43 | | | | | | |
| 14 | | 3 | | | | | 44 | | | | | | |
| 15 | | 3 | | | | | 45 | | | | | | |
| 16 | | 3 | 10 | | | | 46 | | | | | | |
| 17 | | 2 | | | | | 47 | | | | | | |
| 18 | | 2 | | | | | 48 | | | | | | |
| 19 | | 2 | | | | | 49 | | | | | | |
| 20 | 1 | 1 | | | | | 50 | | | | | | |
| 21 | | 1 | | | | | | | | | | | |
| 22 | | 1 | | | | | | | | | | | |
| 23 | | 3 | 5 | | | | | | | | | | |
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| 49 | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | |
| TOTAL IND. | 3 | 1 | | 1 | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 45 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 48 | | | | | | TOTAL CLAIMS | | | | | | |